

Name  
in  
Full

Lucy. C. Abrams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Appleton		County Cecil		MARYLAND	
Date of death		1907	Month Dec	Day 22	Age 46	Years 6	Months Days
Sex		Female		Color or Race		white	
Birth- place		New Jersey					
Occupation		House wife		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Husband			
Father's Name		Sylvester Bousby		Father's Birthplace			
Mother's Maiden Name		Elizabeth Astle		Mother's Birthplace			
Name of person giving In formation		Rachael Steele		How related to deceased			
				Sister			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart Disease	How long	5- yrs -
Immediate	Intestinal hemorrhage	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		yes -	
Signature of Physician		G. B. West -	
Address		Kimbleville Pa.	
Accident or Suicide?			

192



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

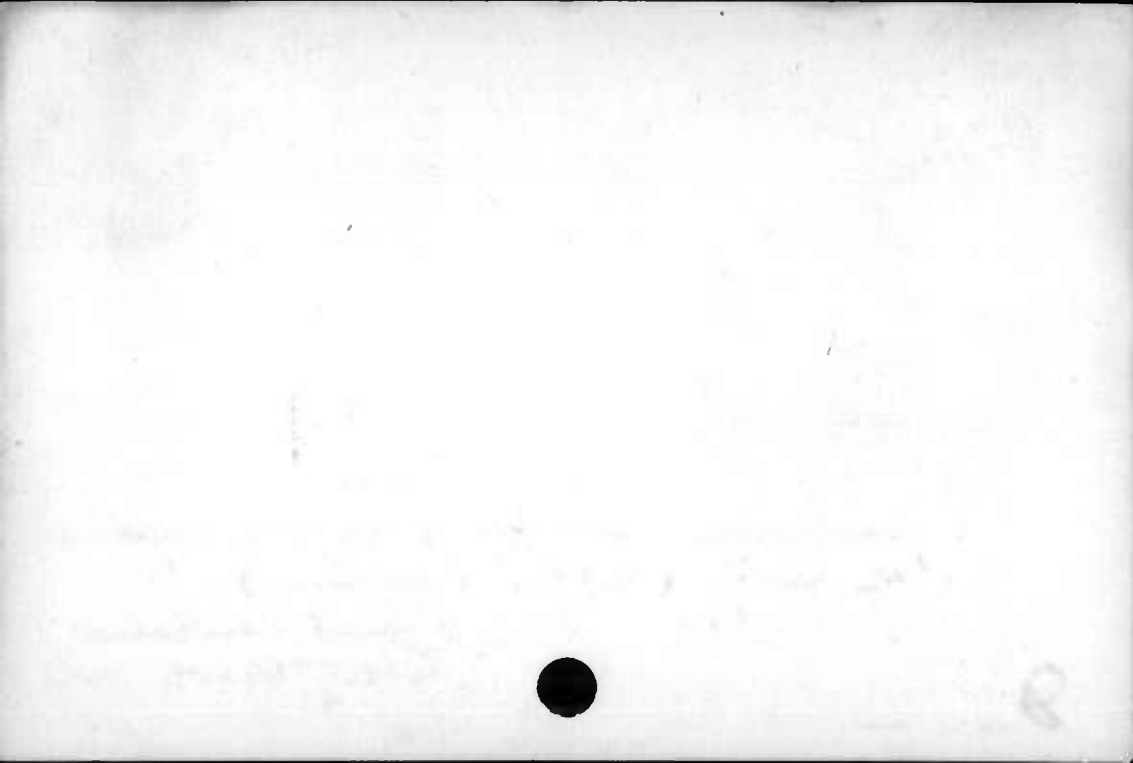
Name in Full <i>Horace M. Bailey</i>		Town <i>Perryville</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1907</i>		<i>12</i>		<i>29</i>		<i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Perryville</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>William S. Bailey</i>		Father's Birthplace <i>Hurford Co. Ind.</i>					
Mother's Maiden Name <i>Estella M. Riley</i>		Mother's Birthplace <i>Cecil Co. "</i>					
Name of person giving information <i>Wm S. Bailey</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary <i>In anitition</i>	How long <i>two weeks.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. M. Henry</i>
	Address <i>Perryville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Lloyd Baldenston.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

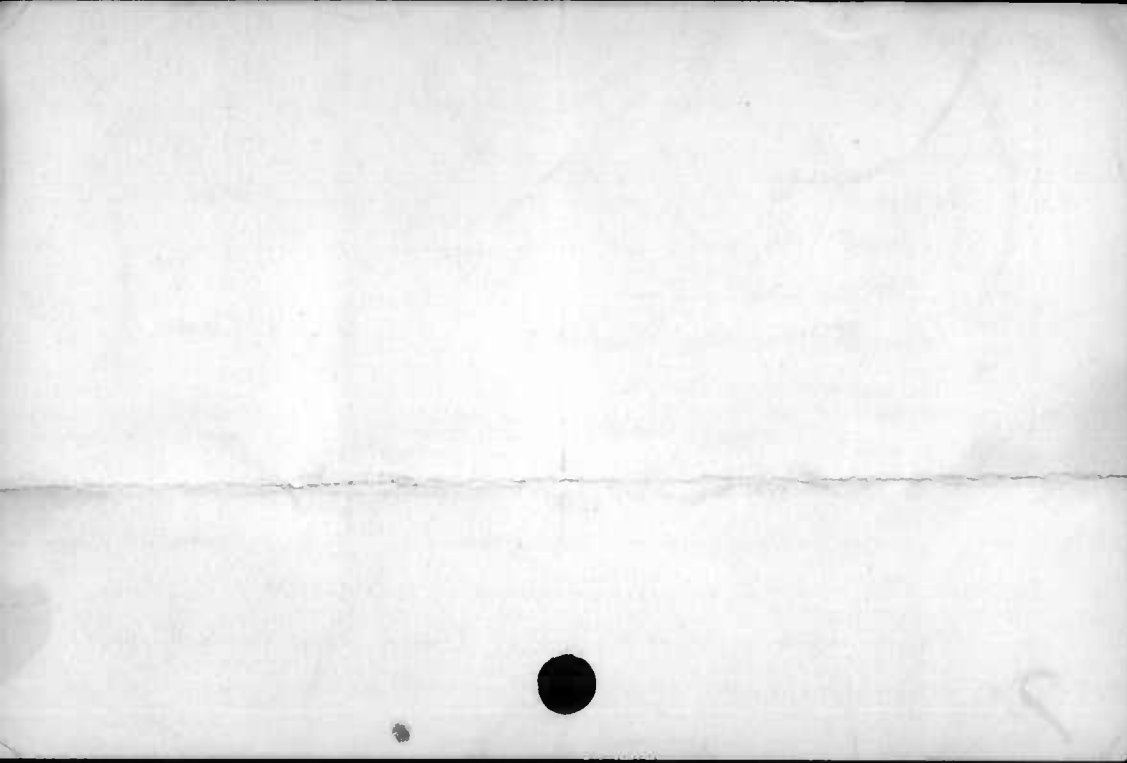
Died at		Town <i>Calosa</i>		County <i>Beecil</i>		MARYLAND	
Date of death		1907	Month <i>12<sup>th</sup></i>	Day <i>23<sup>rd</sup></i>	Age <i>89</i>	Months <i>5</i>	Days <i>3</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Bucks Co Pa</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Calosa, Md</i>					
<del>Married Single</del> <i>Widower</i>		Name of Wife or Husband <i>Catharine Cunber</i>					
Father's Name <i>Mark Baldenston</i>		Father's Birthplace <i>Bucks Co Pa</i>					
Mother's Maiden Name <i>Elizabeth Lloyd</i>		Mother's Birthplace <i>Mont. Co "</i>					
Name of person giving information <i>Edward Baldenston</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary	<i>"Dropped-dead." Susposed cause, rupture</i>		How long
Immediate	<i>of heart. (no post-mortem)</i>		How long
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Ernest Rowland</i>
			Address <i>Liberty Grove, Md</i>
Accident or Suicide?			



Name  
in  
Full

*Harriett Brumfield*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

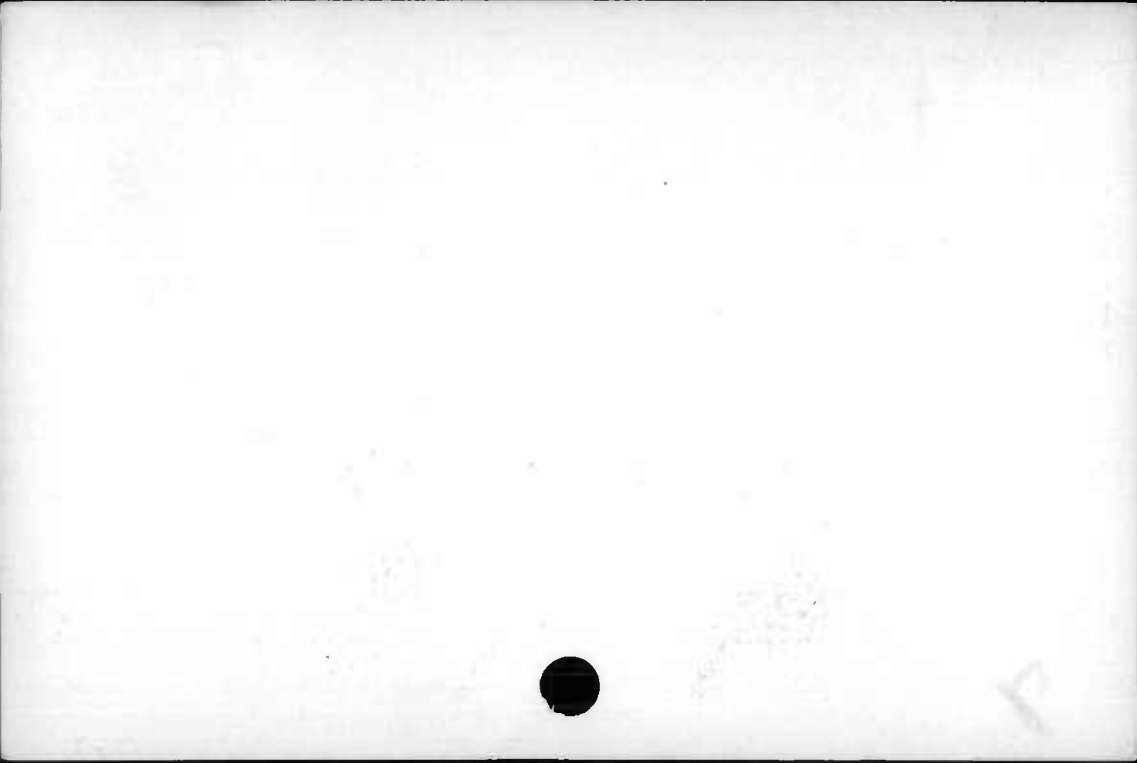
Died at <i>Port-Deposit</i> Town <i>Cecil</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>17</i>	Age <i>78</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co</i>	
Occupation <i>Not any</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband		
Father's Name <i>Alexander Boyd</i>	Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace		
Name of person giving information <i>Cora Hohn</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 Week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Fisher</i>
	Address <i>Port Deposit, Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Calvert</i> Town <i>Cecil</i> County		MARYLAND			
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>14</i>	Age <i>80</i>	Months <i>7</i>	Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Res. Md.</i>			
Occupation <i>Captain of Boat</i>	Where Residing if not at place of death <i>Calvert - Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie E. Craig</i>				
Father's Name <i>James Craig</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>Sarah E. Tyson</i>	How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

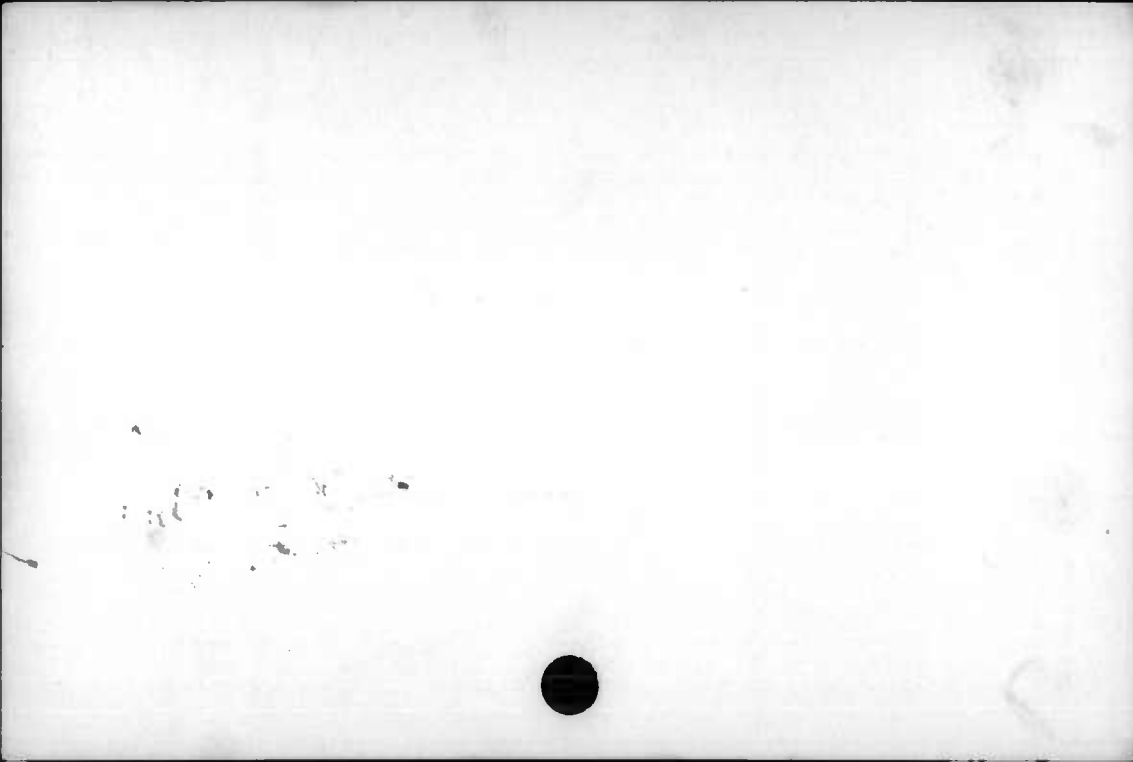
*Yes.*

Signature of Physician

Address

*J. B. Shuman*  
*Keaysville*  
*Md.*

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Courtown</i>		County <i>Lees</i>	
		Date of death <i>1907</i>		Month <i>Dec</i>	
		Day <i>13</i>		Years <i>82</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary A. Crookham</i>	
		Father's Name <i>George Crookham</i>		Father's Birthplace <i>Maryland</i>	
		Mother's Maiden Name <i>Lisaan Reef</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Sarah Peirson</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Chronic Heart Dilatation</i>		How long <i>18 mos</i>	
		Immediate <i>Cardiac Asthenia</i>		How long <i>3 weeks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. J. Corrie, M.D.</i>	
				Address <i>Cherry Hill, Md</i>	
		Accident or Suicide? <i>—</i>			

193

Name  
in  
Full

Margaret Cummings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

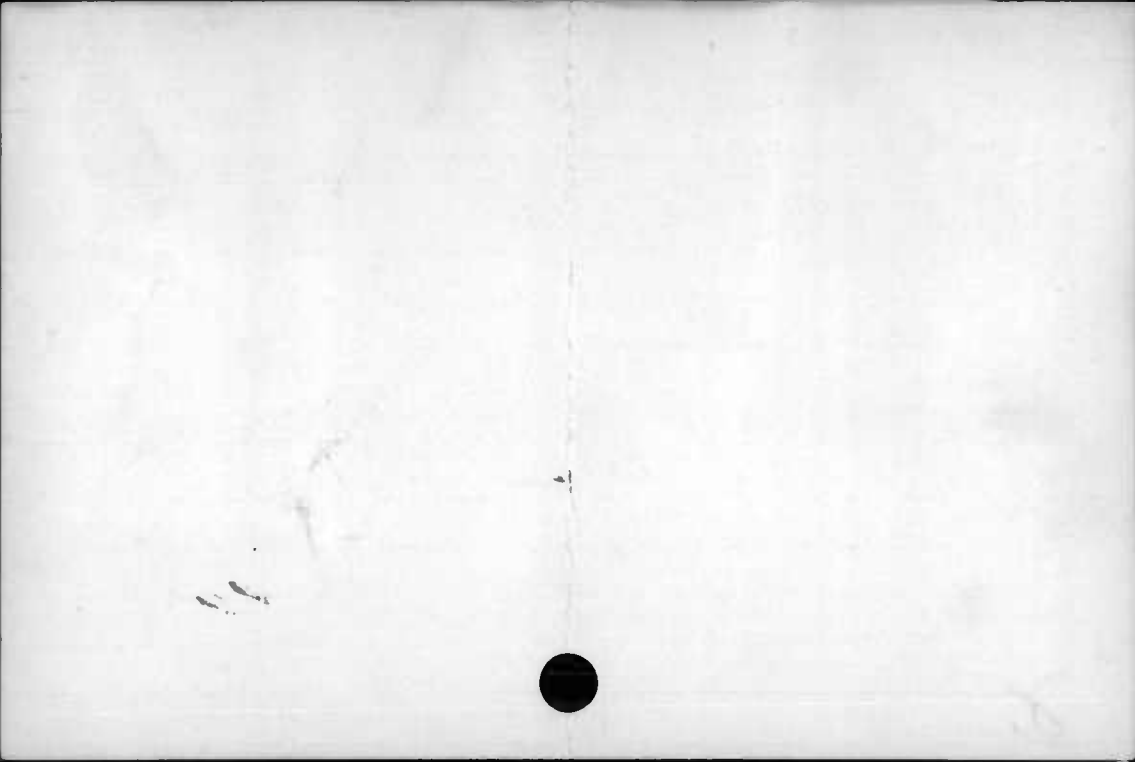
Died at		Town		County		MARYLAND	
Date of death 1907	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	white	Birth-place	Lane Co Pa		
Married, Single or Widowed	single		Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
James Cummings				Philada			
Jane B McColgan				Quayville			
J. J. Cummings				Brother			

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease	How long	Several years
Immediate	catarrh of stomach & bowels	How long	3 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Geo W Gillerpie		Pleasant Grove Pa	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

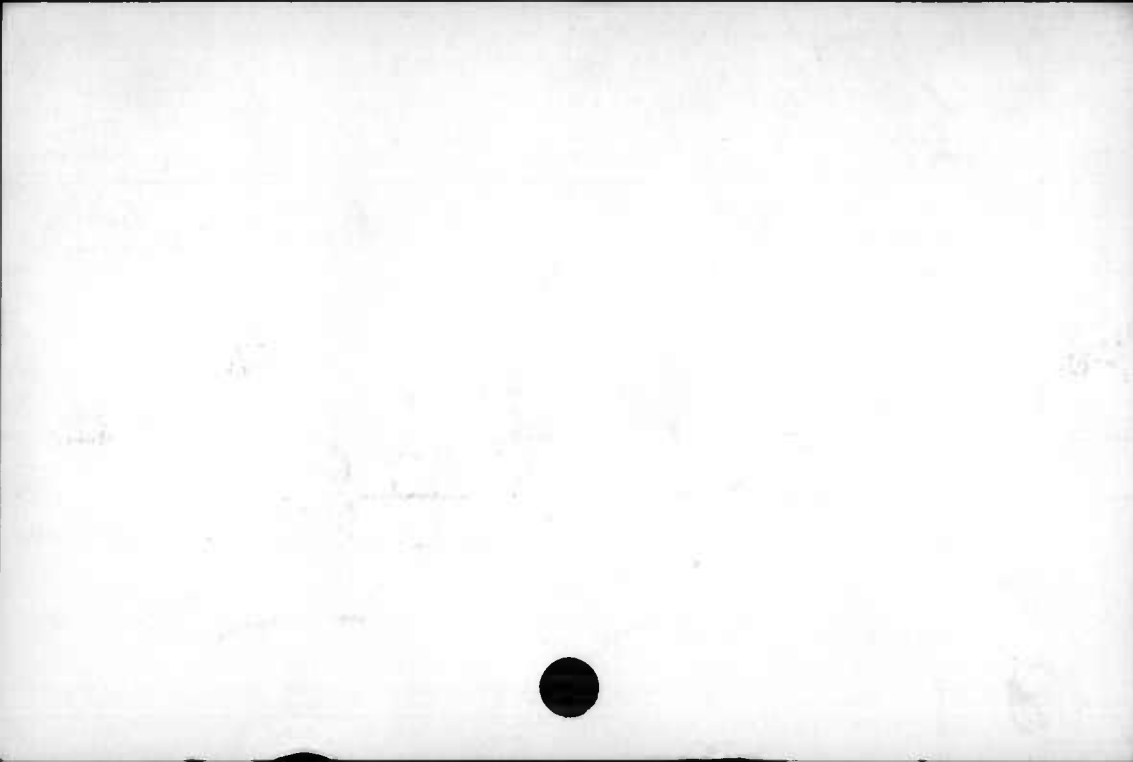
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>12</i>	Day <i>14</i>	Age <i>74</i>	Years	Months <i>11</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Pa</i>			
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>Chesapeake City, Md</i>				
Married, <del>Single</del> or <del>Widowed</del>			Name of Wife or Husband <i>Sallie Cummings</i>				
Father's Name <i>Saml. Cummings</i>			Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Elizabeth Richardson</i>			Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Sallie Cummings</i>			How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumia</i>	How long <i>four years</i>
Immediate <i>Exhaustion from hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. O. Karsner M.D.</i>
<i>8</i>	Address <i>Chesapeake City, Md.</i>
Accident or Suicide? <i>X</i>	





Name in Full *Henry Beckman*

CERTIFICATE OF DEATH

MARYLAND

Died at *North East* Town  *Cecil*  County

Date of death *1907* Month *Dec* Day *13* Age *55* Years Months Days

Sex *Male* Color or Race *white* Birth-place *Dublin*

Occupation *carriage maker* Where Residing if not at place of death *North East*

Married, Single, or Widowed *Married* Name of Wife or Husband *Annie Cameron*

Father's Name *Peter Beckman* Father's Birthplace *Horn de Trace*

Mother's Maiden Name *Lizzie Miller* Mother's Birthplace *Horn de Trace*

Name of person giving information *Annie S. Beckman* How related to deceased *Wife*

CAUSES OF DEATH

*119*

Primary *Acute Brights* How long *3 weeks*

Immediate *Dilatation of heart* How long *one year*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *L. J. Hamrick*

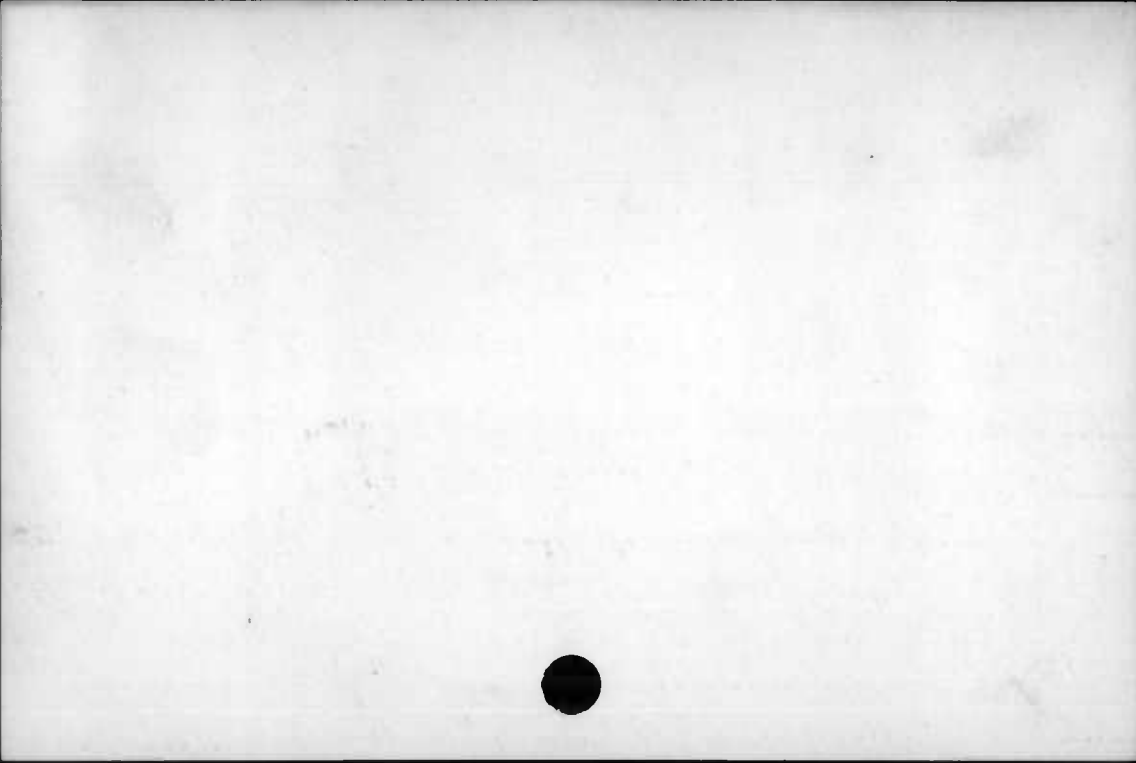
Address *North East Maryland*

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

*B.R. S.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

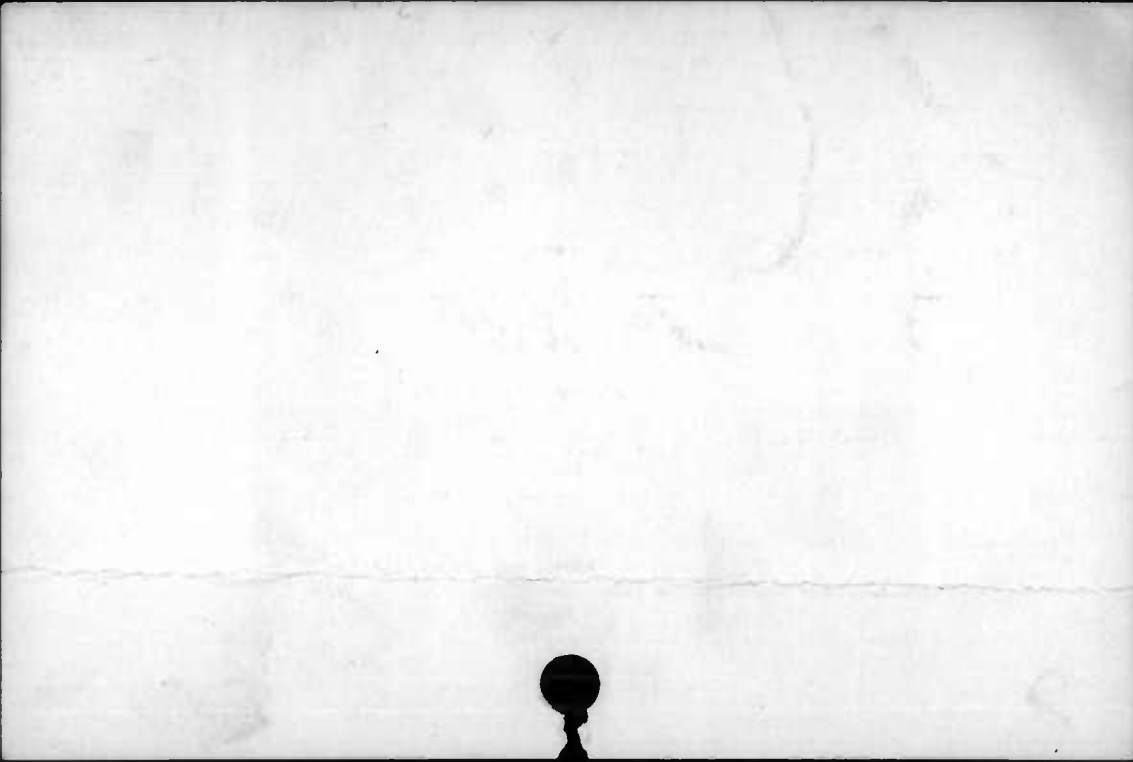
Died at <u>Zion</u> Town		<u>beard</u> County			
Date of death	<u>1907</u>	Month <u>Dec</u>	Day <u>19</u>	Age <u>63</u>	Years <u>7</u> Months <u>1</u> Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>beard Co</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Zion</u>				
Married, Single or Widowed		<del>Name of Wife or Husband</del>			
Father's Name <u>John Gale</u>		Father's Birthplace <u>England</u>			
Mother's Maiden Name <u>Mary Steel</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Sister Mrs J. Gale</u>		How related to deceased <u>Sister</u>			

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	<u>Paralysis</u>	How long <u>5 days</u>
Immediate	<u>Organic Heart Disease</u>	How long <u>                    </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>D. J. Gifford</u>
		Address <u>Zion Md</u>
Accident or Suicide? <u>                    </u>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elkton</i> Town		<i>Cal</i> County		MARYLAND	
Date of death <i>1907 12</i> Month		<i>6</i> Day		<i>48</i> Years	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Elkton Md</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mamie Hammond</i>			
Father's Name <i>James Hammond</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Jane Owens</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Mamie E Hammond</i>		How related to deceased <i>Md.</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. Hawley</i>
	Address <i>Elkton Md.</i>
Accident or Suicide?	

James

Name  
in  
Full

CERTIFICATE OF DEATH

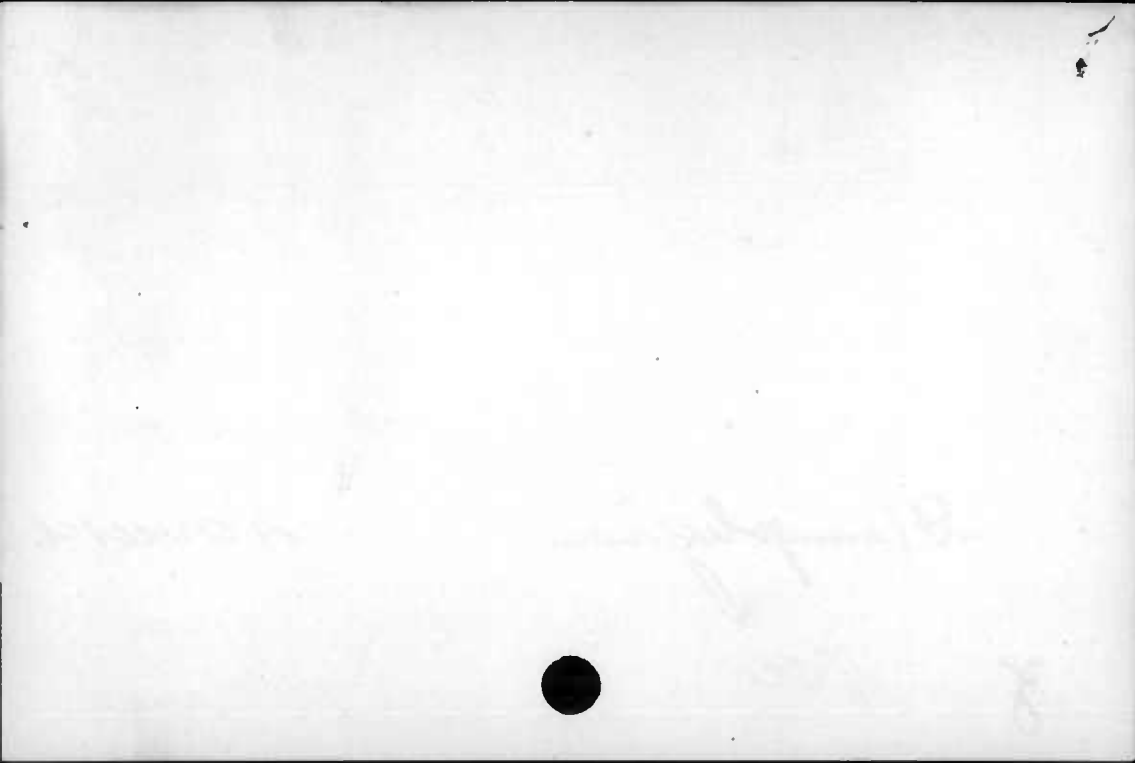
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address





Name  
In  
Full

Elizabeth A. Fannery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

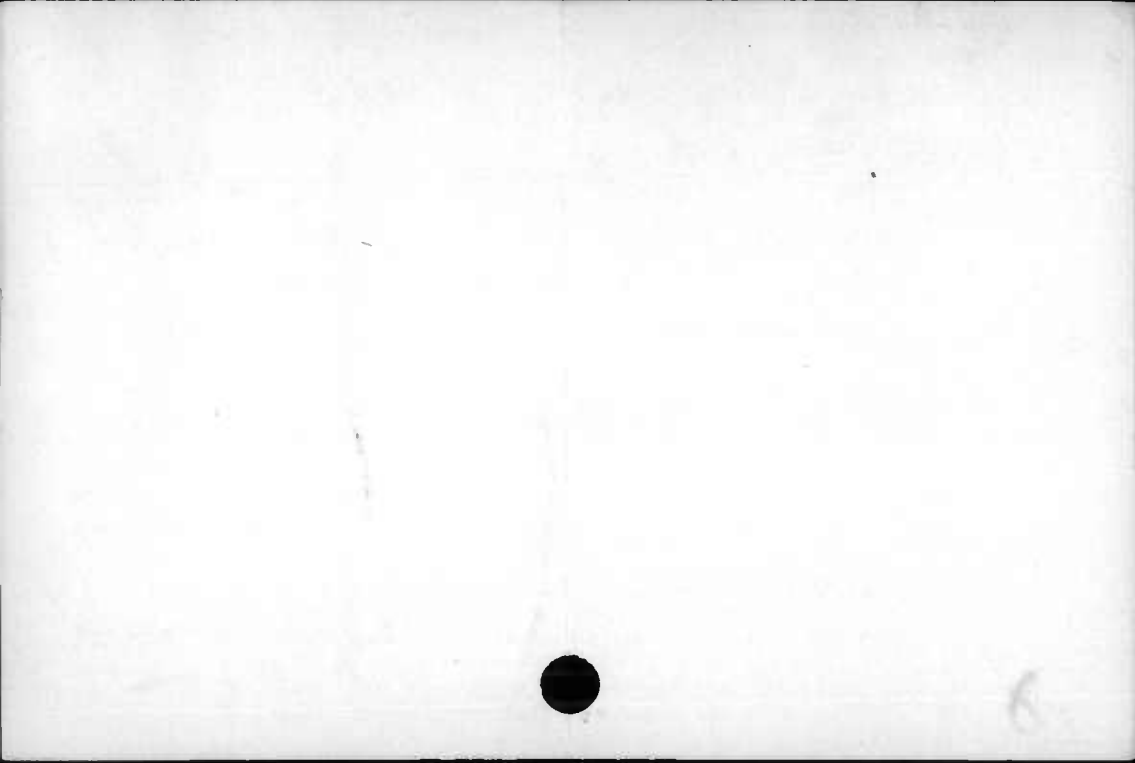
Died at		Town		County	
Bayview				Cecil	
Date of death	Month	Day	Age	Years	Months
1907	Dec	11	78		
Sex	Color or Race	Birthplace			
Female	White	Gion Md			
Occupation	Where Residing if not at place of death				
Housekeeping					
Married, Single or Widowed	Name of Wife or Husband				
Widowed					
Father's Name	Father's Birthplace				
John Howland	Cecil Co				
Mother's Maiden Name	Mother's Birthplace				
Mary Warburton	" "				
Name of person giving information	How related to deceased				
Eli Fannery	Son				

CAUSES OF DEATH

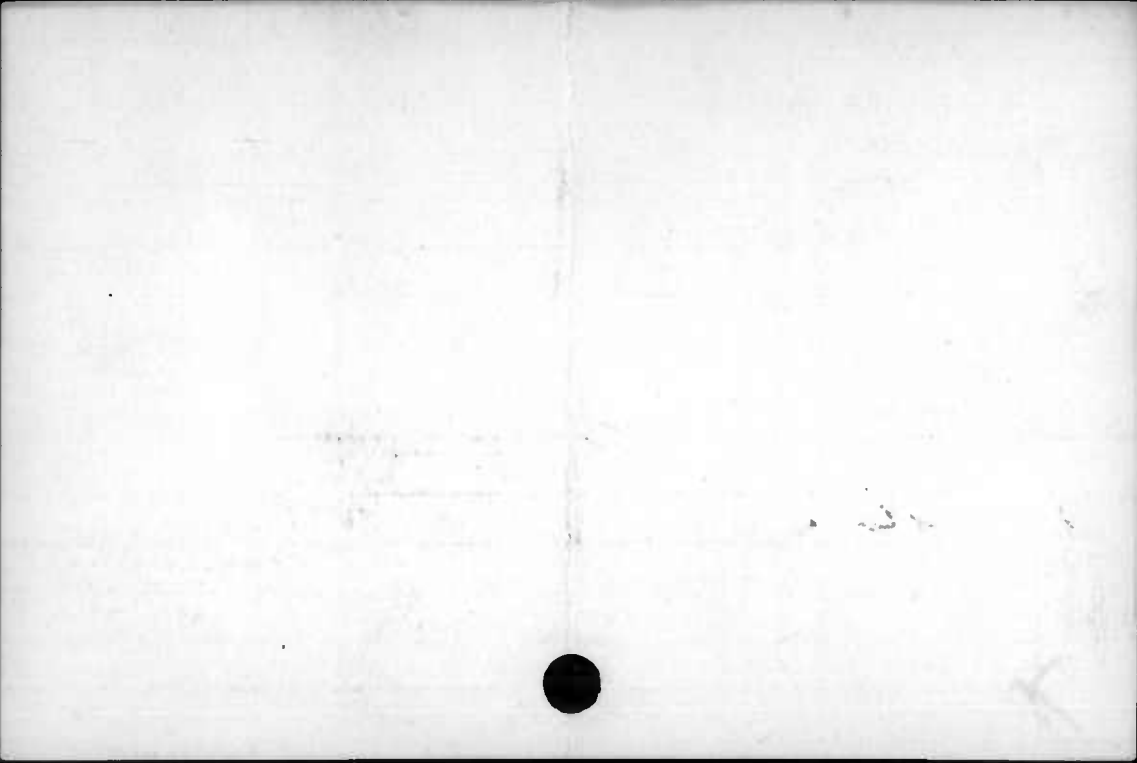
66

PHYSICIAN  
OR CORONER

Primary	How long
Hemiplegia	4 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	D. L. Gifford
	Address
	Gion Md
Accident or Suicide?	



Name in Full		Benjamin Logan				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		New Bay view		County Cecil		MARYLAND	
	Date of death		1907	Month Dec	Day 3	Age 71	Months	Days
	Sex		Male		Color or Race		white	
	Occupation		Farmer		Birth-place		Cecil Co	
	Married, Single or Widowed		married		Name of Wife or Husband		Harriett Logan	
	Father's Name		Robert - Logan		Father's Birthplace		Cecil Co	
	Mother's Maiden Name		Jane McCullough		Mother's Birthplace		" "	
	Name of person giving information		Harriett Logan		How related to deceased		Wife	
		CAUSES OF DEATH				(120)		
PHYSICIAN OR CORONER	Primary				How long		2 weeks	
	Immediate		Uræmic Poisoning		How long		3	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		L. H. Hunsicker H. E. S.	
	Accident or Suicide?							



Name  
in  
Full

Margaret Ott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Providence		County Cecil		MARYLAND	
Date of death 190		Month Dec.	Day 29	Age in her seventies, not known for sure		Years	Months Days
Sex Female		Color or Race White		Birth- place Ireland			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband John Ott Sr.					
Father's Name Not Known		Father's Birthplace Not Known					
Mother's Maiden Name "		Mother's Birthplace "					
Name of person giving Information John Ott Sr.		How related to deceased Husband.					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary Asthma	How long 2 years
Immediate leaving	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. J. Carver, M.D.
Accident or Suicide?	Address Cherry Hill Md

h61



Name  
in  
Full

Cloud Pierson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

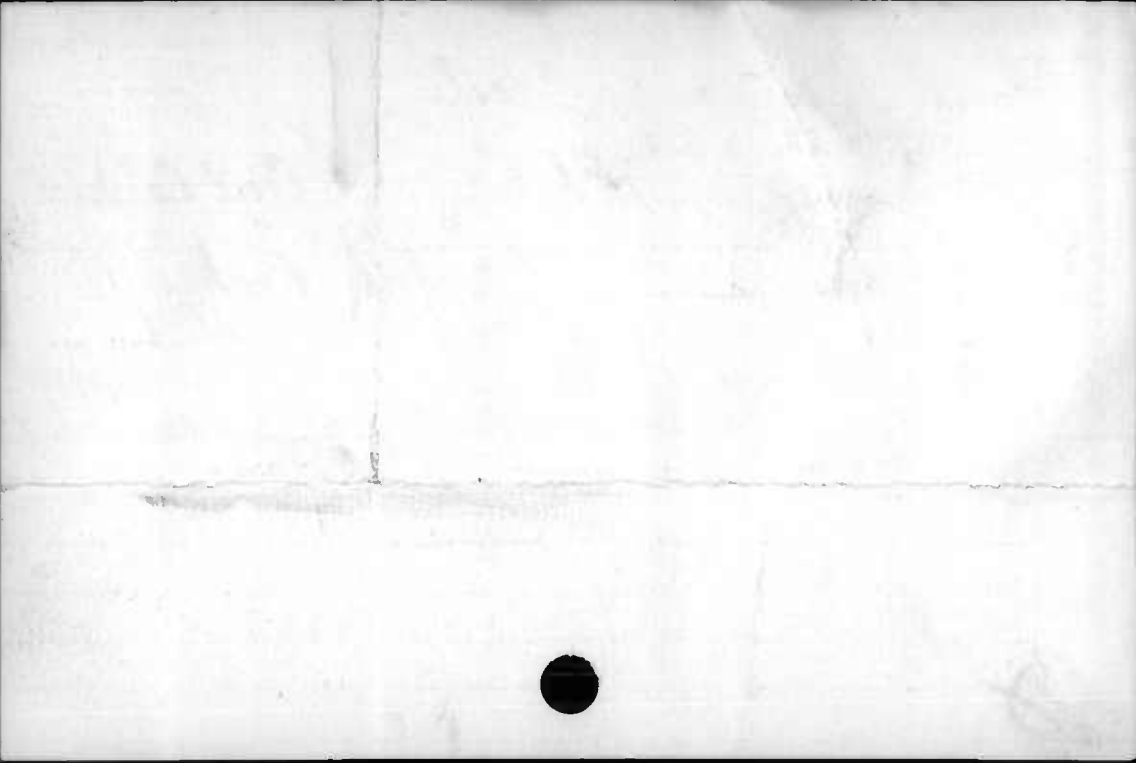
Died at <i>Near Zion</i>		Town <i>Zion</i>		County <i>Clark</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec.</i>	Day	<i>8</i>	Years	<i>88</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Blacksmith</i>			Where Residing if not at place of death <i>Near Zion</i>			
Married, Single or Widowed	<i>Widower</i>			Name of Wife or Husband <i>Rebecca Pierson</i>			
Father's Name	<i>John Pierson</i>					Father's Birthplace	<i>Cal.</i>
Mother's Maiden Name	<i>Not Known</i>					Mother's Birthplace	<i>Not Known</i>
Name of person giving information	<i>Joe Gatchell England</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	<i>General Debility and</i>		How long	<i>About 2 years</i>
Immediate	<i>Shock from Fracture of Thigh</i>		How long	<i>12 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. H. Richardson</i>	
<input checked="" type="checkbox"/> Accident or Suicide?		Address	<i>Colvert Maryland</i>	





Name  
in  
Full

anna R Richardson

CERTIFICATE OF DEATH

Died at *Blk Neck* <sup>Town</sup> *Cecil* <sup>County</sup> MARYLAND

Date of death *1907* <sup>Month</sup> *12* <sup>Day</sup> *29* <sup>Years</sup> *75* <sup>Months</sup> *-* <sup>Days</sup> *-*

Sex *Female* Color or Race *White* Birth-place *Rising sun*

Occupation *Housekeeper* Where Residing if not at place of death *-*

Married, Single or Widowed *Widow* Name of Wife or Husband *Don't know*

Father's Name *Not known* Father's Birthplace *Not known*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving information *Idia R Richardson* How related to deceased *Daughter*

CAUSES OF DEATH

40

Primary *Cancer of Uterus* <sup>How long</sup> *About 1 year*

Immediate *-* <sup>How long</sup> *-*

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *B. H. Hensley*

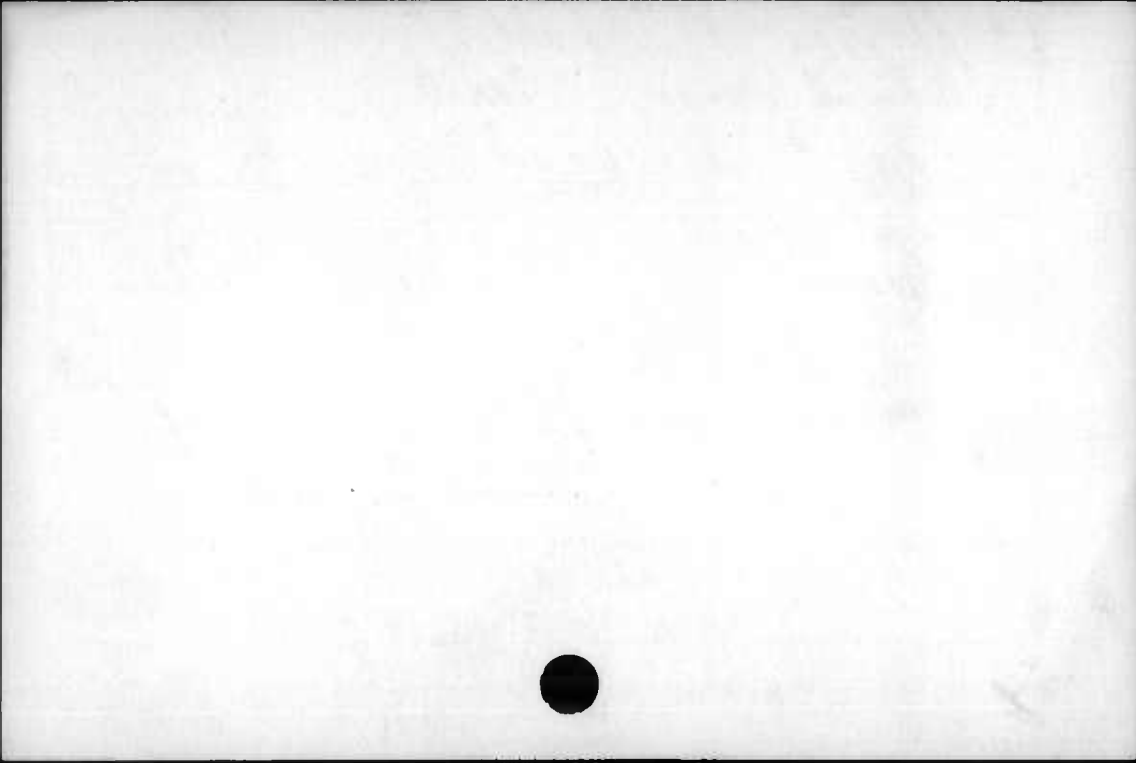
Address *North East*

*Cecil Co Md*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*B.R. 7*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

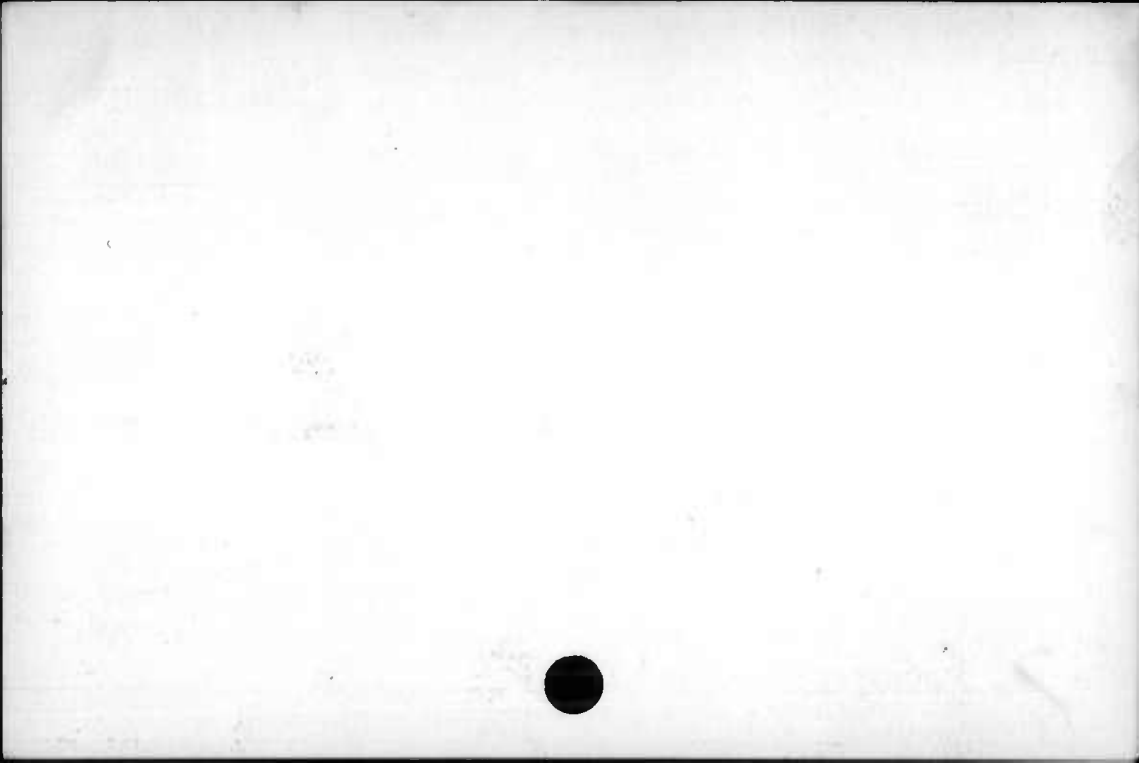
Name in Full <b>John F. Rickards</b>		Town <b>Near Cecilton</b>		County <b>Cecil</b>		State <b>MARYLAND</b>	
Died at <b>Near Cecilton</b>		Date of death <b>1907</b>		Month <b>12</b>		Day <b>20</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Age <b>75</b>		Years <b>8</b>	
Occupation <b>Peddler</b>		Where Residing if not at place of death		Birthplace <b>Cecil Co. Md.</b>		Months <b>8</b>	
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Elizabeth Rickards</b>		Father's Name <b>Joseph S. Rickards</b>		Father's Birthplace <b>Del.</b>	
Mother's Maiden Name <b>Rebecca C. Murphy</b>		Name of person giving information <b>Sallie Rickards</b>		Mother's Birthplace <b>Cecil Co. Md.</b>		How related to deceased <b>Sister</b>	

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <b>Valvular disease Heart</b>		How long <b>24 years</b>	
Immediate <b>Dropsy</b>		How long <b>3 weeks</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>E. H. Graef</b>	
Accident or Suicide?		Address <b>Cecil Co. Md.</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

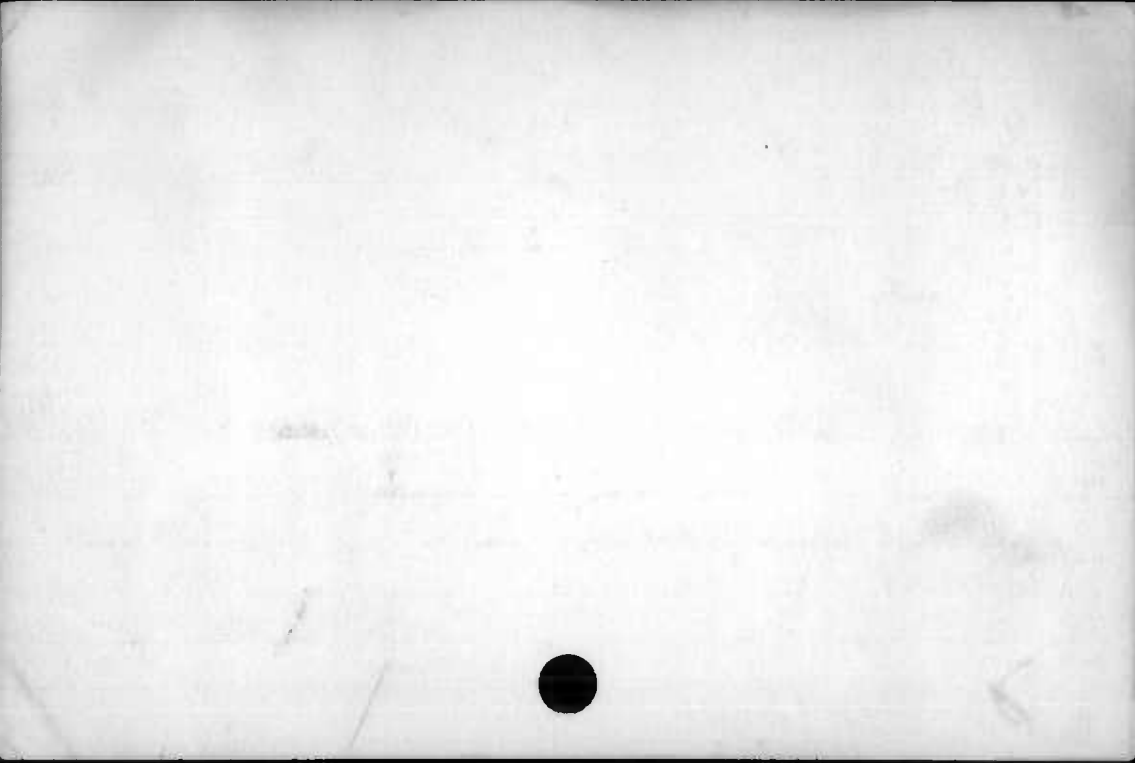
Died at <i>Bohemia Manor</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>1</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Delaware</i>				
Occupation <i>Boat Captain</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Florence V. Shelton</i>						
Father's Name <i>John Shelton</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Delilah Wright</i>			Mother's Birthplace <i>Delaware</i>				
Name of person giving information <i>Florence V. Shelton</i>			How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Cardiac Dilatation</i>	How long <i>Indefinite</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Black</i>
	Address <i>Cecil, Md.</i>
Accident or Suicide? <i>X</i>	<i>Md.</i>



Name  
in  
Full

Mary Sice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

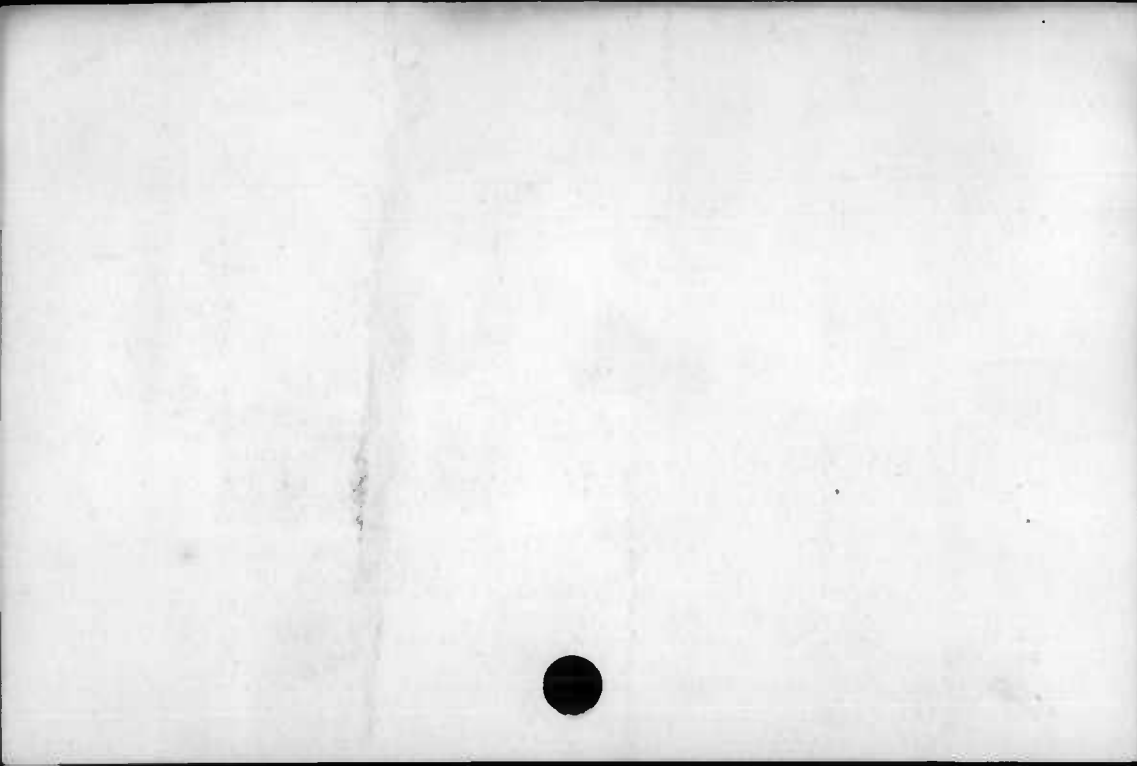
Died at <i>Port Deposit</i> <small>Town</small>		<i> Cecil </i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Dec.</i> <small>Month</small>	<i>31</i> <small>Day</small>	<i>68</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Sice</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Joseph Sice</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>1 year</i>
Immediate <i>Stroke</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>H. E. Clemens</i>
	Address <i>Port Deposit.</i>
Resident or Suicide? <i>X</i>	





Name  
in  
Full

George Simmers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

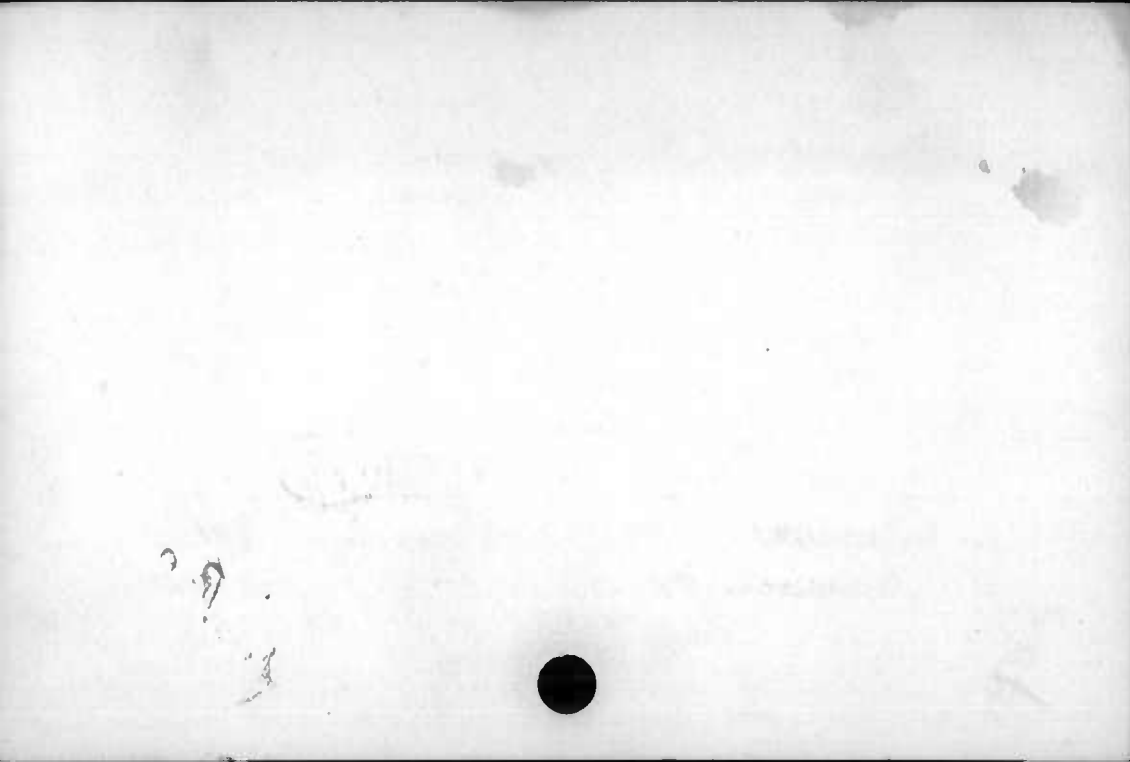
Died <i>near Port Deposit</i>		Town		County		6th Dist. Cecil Co.		MARYLAND	
Date of death		Month		Day		Age		Years	
1907		Dec		26				Months	
Sex		Color or Race		Birth-place		Male		White	
Occupation		Where Residing if not at place of death		Farmer		near Port Deposit			
Married, Single or Widowed		Name of Wife or Husband		Married		Mary E. Simmus			
Father's Name		Father's Birthplace		William Robinson Simmus		Maryland			
Mother's Maiden Name		Mother's Birthplace		Sarah Elizabeth Simmus		Maryland			
Name of person giving information		How related to deceased		Mary E. Simmus		Wife			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Acute heart failure		Immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ricketts Koon	
Address		Coroner of Cecil Co	
Accident or Suicide?		Cotton, Maryland	
Natural death			



Name  
in  
Full

Phyllis Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

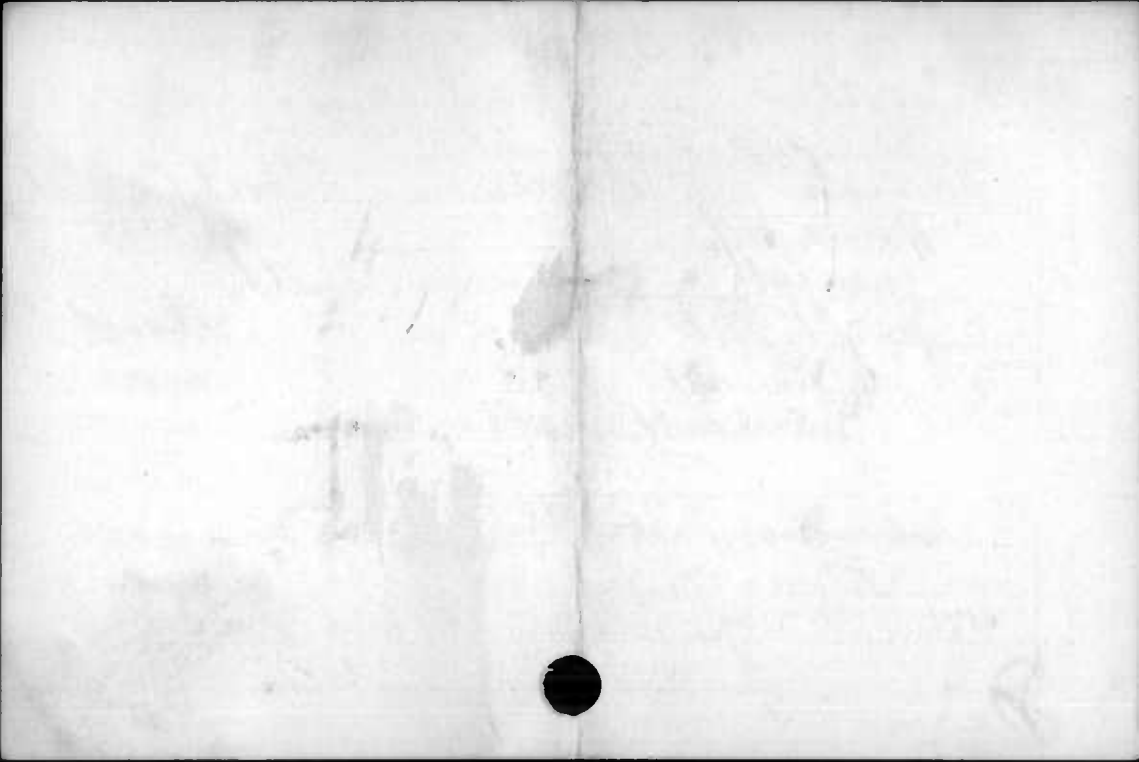
Died at <u>Warwick</u> <sup>Town</sup>		<u>Locust</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>Dec</u>	Day <u>3</u>	Age <u>76</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Hypertension		Birth-place <u>Savannah Ga</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Warwick Md</u>				
Married, <u>yes</u>	Name of Wife or Husband <u>William Smith</u>				
Father's Name <u>Christopher Cain</u>	Father's Birthplace <u>Locust Co Md</u>				
Mother's Maiden Name <u>Rose Cain</u>	Mother's Birthplace <u>Locust Co Md</u>				
Name of person giving information <u>Ida Brown</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>Paralysis Cerebral Hemorrhage</u>	How long <u>3 months</u>
Immediate <u>Cerebral H Paralysis</u>	How long <u>3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J J Wright</u>
Address <u>Warwick Md</u>	
Accident or Suicide? <u>no</u>	



Name  
in  
Full

Rebecca R. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cecilton</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>12</i> <small>Day</small> <i>20</i>		Age <i>56</i> <small>Years</small>		<i>27</i> <small>Months</small> <i>0</i> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co. Ind.</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Smith</i>			
Father's Name <i>Joseph McGill</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Josephine Poole</i>		Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>James H. Smith</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Ibc</i>	How long <i>Indefinite</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. M. Black</i>
	Address <i>Cecilton Md</i>
Accident or Suicide?	

